Surveyor: Taufik

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No

at Workshop m/s

of

Insured

Policy No

Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLV9735X 1st Regn: 2018 Jan.

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Subaru Forester 2.0 c.c 1995.

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 10075 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1SJ5KC5JG03257.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi.: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/60R17

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

	Front			Rear	
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	4/3/19	

Survey held at: Shun Fatt

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frt o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time File Pass to?

1) : Preli. Report

: Final Report

Date/Time File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: Site Insp ($)

Interview ($)

Tech Invs ($)

Weekend ($)

Survey Fee:

Transportation

) S+PS SI

) Photos

) Other

)

TOTAL

Report Format:

Lump Sum / I.B I: (S)